

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

K&amp;L Gates LLP Political Action Committee (DC)

**A.**

Full Name (Last, First, Middle Initial)

FRIENDS OF LOIS CAPPs

Mailing Address PO Box 23940

City  
Santa BarbaraState  
CAZip Code  
93121Purpose of Disbursement  
Campaign ContributionCandidate Name  
LOIS G CAPPs
  
Category/  
Type
Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: CA District: 23

Transaction ID: SB23.17514

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	8		2	0	1	0

Amount of Each Disbursement this Period

**B.**

Full Name (Last, First, Middle Initial)

FRIENDS OF MARK WARNER

Mailing Address 1029 NORTH ROYAL STREET 2ND FL

City  
ALEXANDRIAState  
VAZip Code  
22314Purpose of Disbursement  
Campaign ContributionCandidate Name  
MARK R WARNER
  
Category/  
Type
Office Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: VA District: 00

Transaction ID: SB23.17464

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	5		2	0	1	0

Amount of Each Disbursement this Period

**C.**

Full Name (Last, First, Middle Initial)

FRIENDS OF MARY LANDRIEU INC

Mailing Address 607 14TH STREET NW SUITE 800  
SUITE 1434City  
WASHINGTONState  
DCZip Code  
20005Purpose of Disbursement  
Campaign ContributionCandidate Name  
MARY LANDRIEU
  
Category/  
Type
Office Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: LA District: 00

Transaction ID: SB23.17479

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	1		2	0	1	0

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional) .....

TOTAL This Period (last page this line number only) .....